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POSTGRADUATE WORK *

By ANNIE W. GOODRICH, R.N.

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I HAVE been asked to present a subject in which I am deeply interested, and to which during the past eighteen months I have given not a little thought, and if I fail to speak of postgraduate work convincingly and instructively, I beg you to believe that the fault lies with the speaker and not with the cause, and the speaker's plea will be that it is not usually in the heat of the battle that methods of warfare are discussed, or its history written; the fighters being for the moment very properly far too busy to talk.

When, a little more than a year ago, we found it necessary to supply a nursing force to two new outlying hospitals of one hundred and fifty beds each, with a training school whose number barely met the needs of the main hospital, Bellevue, it seemed an opportune moment to make a practical test of postgraduate work.

Believing that our unusually varied and active service would allow the students the privilege of selecting their courses, we placed a notice in the *AMERICAN JOURNAL OF NURSING*, and in the *Canadian Journal of Nursing*, to the effect that elective postgraduate courses were offered. We issued a circular stating our few requirements, namely: that applicants must be graduates of training schools qualifying for state registration, and offering a three months' course in medical and surgical nursing, two months in obstetrics, one month in special service, such as tuberculosis, erysipelas and insane, a course of three months leading to a certificate; the first month in all cases being probationary. We required attendance at the lectures and classes bearing upon the selected courses, and the hospital provided maintenance and an allowance of \$25 a month.

We have received from forty-five to fifty applications monthly; about a hundred pupils have been enrolled for courses of from three to nine months; some sixty certificates have been awarded, and all the vacancies we can promise (we carry about sixty continuously) between now and next May have been applied for.

We found it necessary, after a few months' experiment, for the institution and the pupils, to alter the arrangement of the courses.

* Read at the seventh annual meeting of the New York State Nurses' Association, Buffalo, N. Y.

A very large majority desired surgical experience only, and in justice to the schools affiliating for a general course, and to prevent too frequent changes, we were obliged to make the surgical service part of a six months' course.

A large proportion of applicants were from training schools connected with hospitals for the insane (they almost without exception request surgery and obstetrics) and a very short experience convinced us that we should not be justified in giving these graduates a certificate for less than a nine months' general course. A certain proportion of the applicants desired to fit themselves for executive positions, and one of our outlying hospitals, offering exceptional opportunities for such a course, Miss Stone, formerly of the Presbyterian, to whom I am much indebted for the able solution of many problems of organization and instruction at Fordham Hospital, of which she was recently the superintendent of nurses, outlined the following courses in practical executive work, for which we have since entered five nurses.

PRACTICAL EXECUTIVE WORK (Six Months).—General ward work, two months; operating, children's or maternity ward, one month; assistant to night superintendent, one month; executive work and outpatient department, two months.

INSTRUCTIONS GIVEN BY HEAD NURSES (Three Months).—Ward methods, preparations, treatment and general care of patients.

NIGHT SUPERINTENDENT (One Month).—Admitting patients; attending operations; general assistance through wards when needed; substituting for night superintendent at off-duty time.

EXTRA COURSE.—Instructions and practical lessons in cooking, ten lessons; the expense of this course to be met by the pupil.

MATRON AND HOUSEKEEPER (Two Months).—Laundry work, equipment and supplies; standard, care, and daily distribution of linen; making rounds; engaging help; planning and arranging of daily work; inspection and care of food and household supplies; plan and preparation of daily menus; giving out supplies weekly; relieving matron for off-duty hours; taking evening ward report every second Sunday.

OUTPATIENT DEPARTMENT.—10 to 12 A.M.; 2 to 4 P.M. Assisting with dressing; examinations and admitting of patients.

INSTRUCTIONS BY THE SUPERINTENDENT.—Form of requisition, selection, purchase and distribution of supplies; general office work and hospital management.

DEMONSTRATIONS.—One operating room technic; one maternity ward; admission to general demonstrations.

We now, therefore, divide our pupils into two classes: those desiring preparation for executive positions, and those desiring further preparation for general nursing. The latter class might be subdivided as follows: graduates of general hospitals desiring to refresh their memories and to familiarize themselves with recent methods and technic;

graduates of general hospitals who desire the courses which the hospitals from which they graduated were unable to supply (these are usually infants and children, obstetrics, and sometimes medical); graduates of training schools connected with hospitals for the insane who desire to prepare themselves for general nursing.

A certain number who apply state very candidly that they desire to establish themselves in New York, and believe that our courses will assist them to do so. A few apply because they cannot obtain employment, and the monthly allowance is an inducement.

I have ventured to give this brief and incomplete history of our work, as I think it presents the question in its most practical light. That there is a need for such courses is evidenced by the number of applications which we have received, for we are not, of course, the only institution offering such work.

We are receiving applications, not only from this country, but from the other side. We have, in the past few months, had with us in the different departments, young women from California and the intermediate states, from Canada, from Denmark and from England, and the appreciation in the main of these pupils is gratifying and encouraging.

A comparison of the two schools, the postgraduate and the pupil, naturally suggests itself. There is not any question, I think, that the difficulties attending the postgraduate course are greater. The frequent changes involve constant planning and greatly increase the correspondence. The applicants do not always appreciate the responsibilities as far as their appointments are concerned, and the most difficult problem is to arrange for systematic courses of instruction. We feared criticism from the medical staff, but their criticism has been almost invariably commendatory, and they have on several occasions expressed themselves as interested and pleased with the experiment. But whatever the difficulties, and I maintain they are comparatively few, the justification of the work lies in its result to the profession and to the community. If these pupils obtain what they are willing to sacrifice weeks or months to obtain, and what we propose to give them, they are elevating the standard of nursing. We all appreciate that it is the great increase in the nursing staff of the institution that is lowering our standards of admission. If our average number of postgraduate pupils is fifty, and the average course is six months (this, I think, would be a fair statement), we shall, in two years and six months, have given the advantages of such instruction as we can offer to two hundred and fifty women, who are already members of the nursing profession, having had

not less than two years' experience. Without these women, we should have had to increase the number in the training school to fifty, within the same period.

The question of allowance is worthy of some consideration, and is a matter dependent mainly, I think, upon the course or courses, and the conditions under which they are taken. For the pupils entering for courses of from six or more months of general work, whose service in the ward materially lessens the nursing expense of the institution, I believe that an allowance sufficient to cover, or perhaps to even more than cover, their expenses is not unreasonable. There are few members of our profession who are not self-supporting, and many who have others dependent upon them, and to relieve them of the mental anxiety such conditions give rise to, thereby allowing them to give their whole mind and attention to the obtaining of the desired experience, is, I believe, both wise and right. It was for this reason that the allowance for our postgraduate pupils was fixed at twenty-five dollars a month. If, however, the institution would equip each ward with a sufficient number of graduate nurses (not less than two), one to make the necessary rounds with the visitors and interne staff and to attend to the clinics, and the others to constantly supervise and instruct the pupils in the care and treatment of the patients, and if they should eliminate all the duties that are now considered part of the nurses' work, such as the daily dusting and cleaning of the ward equipment, and other duties, thorough instruction in which, I believe, should be given during the preparatory course, but which have no further place in the training of the nurse, and which could well be relegated to, and could be more systematically carried out perhaps, by the ward maids (the arrangement necessitating not more, I think, than two maids to the average ward of twenty-one patients), the institution would then be justified in meeting the maintenance of the pupils only, and I believe the result for the students would be infinitely better; the desired experience being acquired with less physical strain, in a shorter period, and the work carried on, an important factor, under constant and proper instruction.

The question of an allowance for those desiring experience in executive and teaching departments, or those desiring a few days' or weeks' experience in special departments, such as the convalescent relief work or tuberculosis work, needs no discussion, as there is no service rendered to the institution; on the contrary, it is usually a tax upon the already overburdened assistants or heads of their departments. If, however, the spirit of the institution were broad enough, as is very frequently the case, to desire to extend the benefits of its teaching to the community

at large, it would not seem unreasonable that these students' maintenance expense be met. In the case of those students sent by institutions who desire to open these special departments, it would seem more reasonable to expect that this be met by the institution or body for whose special work they are being prepared.

All these questions of allowance and length of course, etc., will gradually be adjusted, and we shall work steadily on at the problem, affiliating with schools where we can offer courses that they require to qualify for registration, giving such postgraduate courses as we have already discussed, believing that however far off it may seem, we are, nevertheless, being forced nearer and nearer to the one solution of the whole problem, a solution which has already been voiced by our best thinkers. "Wherein," I ask the different assistants, "lies your chief difficulty with the postgraduate student?" and the unanimous verdict, however expressed, is the lack of uniformity in training-school method and curricula.

"Do you really think that theoretical instruction is required by students who already hold diplomas, and if so in what subjects?" and the unanimity of this reply is rather curious, and to the effect that while other instruction would be desirable, some instruction in *materia medica* is absolutely necessary, as they would scarcely dare to place these pupils upon the wards without it.

How evident it is that the only solution of the problem is the school or schools of nursing, preferably in connection with a university; the preparatory courses comprising thorough instruction in all matters pertaining to the household, which nurses should be conversant with who are going into the field of private work; thorough instruction in all essential theory, and very much more instruction in nursing technic and methods than at the first moment seems possible. This preparatory course to be followed by the service in the hospital, under such a corps of instructors and assistants in the wards as we have already suggested. For those who desire to specialize as executives, or in other nursing fields, the school should offer the advanced courses such as have already been established at Teachers' College, again followed by the practical experience in the institution. For executives, somewhat such a course in the administrative departments as we have outlined for Fordham Hospital, and which, I am sure, could be arranged in many institutions, and for those desiring to enter the philanthropic field, such as the tuberculosis or convalescent relief work, a few weeks' actual experience in these departments in hospitals where they are already established.

It is very simple, very logical, and if we can only have the strength

and patience to wait for it, very sure to come. Those of us who are connected with the administrative staff of the training school realize that our burden of responsibility is so great, because it is a threefold responsibility; a responsibility to the pupil whose thorough grounding in all that is essential for the nurse before entering the profession (instruction which might well extend over a period of eight months, unhampered by the hospital service) is dependent upon us; a responsibility to the public who have the right to expect certain standards of young women holding diplomas and registered by the state; a responsibility and a very great responsibility, to the patients of the hospital with whose care and treatment the instruction to be given the nurse should not interfere.

THE ORGANIZATION OF NURSES' CLUBS AND DIRECTORIES UNDER STATE ASSOCIATIONS *

BY REBA THELIN FOSTER, R.N.

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THERE is no doubt that the idea of central registries for nurses is gradually gaining acceptance, in spite of the almost incredible opposition among nurses themselves. A nurse who has devoted much time and thought to the subject tells me that this opposition comes from three classes: *first*, those who have an established practice, and who therefore consider the registry unnecessary; *second*, those who have become convinced of the advantages of the registry, but having once opposed it are obstinately determined not to give in; and *third*, those who are either too busy or too indifferent to bestow any thought on the question but who, by their inertia, combine with the others to prevent the taking of effective steps to secure central registries, and who should wake up to realize what their indifference costs.

All three of these classes are tacitly acknowledging the need of central registries by their constant call on the hospital registries to help them out in an emergency requiring another nurse, also by their random search through the town for what is needed. As an example, a nurse finds that her skilled care is no longer required by a patient whose circumstances do not warrant his paying the usual charge, but who is still too ill to be left without an attendant. She telephones to her hospital or to a small hospital whose nurses charge less than the regular price,

* Read at the Eleventh Annual Convention of the Nurses' Associated Alumnæ, San Francisco, Cal., May, 1908.